

**Supreme Court of Arizona
Certification and Licensing Division
1501 West Washington, Suite 104
Phoenix, AZ 85007
Complaint Form**

Please Check the Box for the Appropriate Program

- | | | |
|--|---|--|
| <input type="checkbox"/> Confidential Intermediary | <input type="checkbox"/> Defensive Driving | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> Legal Document Preparer | <input type="checkbox"/> Certified Reporter | <input type="checkbox"/> Attorney Admissions |

Who are you Filing this Complaint About:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (If Known): _____

Court Appointment: ☐ YES ☐ NO Type of Appointment: _____

Please Provide Your Information:

Your Name: _____ Date: _____

Your Relationship to Consumer/ Client: _____

Business/ Organization Affiliation: _____

Do you have an attorney?
☐ YES ☐ NO

Has there been or is any legal action pending related to this matter?
☐ YES ☐ NO

If "YES", what was the outcome of the legal action? Please attach any documents you may have.

Description of Allegations

Describe in your own words below the circumstances surrounding the allegations. Please include important dates, times, places, names, and court file numbers, if applicable.

(add attachments if needed)

This statement is true and accurate to the best of my knowledge.

Signature

Date

**Please send or fax complaint to:
Supreme Court of Arizona
Certification and Licensing Division
Attention: Programs and Investigations Unit
1501 West Washington, Suite #104
Phoenix, AZ 85007-3231
FAX # 602-364-0358**

Official Use Only:

Date Stamp:

PURSUANT TO COURT RULES, YOUR HOME ADDRESS, TELEPHONE NUMBER AND PERSONAL EMAIL ADDRESS ARE NOT PUBLIC RECORD AND THEREFORE WILL NOT BE RELEASED. THIS PAGE WILL NOT BE SENT TO THE SUBJECT OF THE COMPLAINT.

Subject's Name: _____

Confidential Information

Your Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: _____ **Home Phone:** _____

Email Address: _____